

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

Registration District No.

318

Primary Registration District No.

1003

57 0 2 2 8 1 2
STATE FILE NUMBER

Registrar's No.

5902

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST. LOUIS TOWN				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR St. Louis TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. LOUIS CITY HOSP. #1. INSTITUTION				Length of stay in 1b		d. STREET ADDRESS 1417 Madison Ave.	
3. NAME OF DECEASED (Type or print) MELVIN First PUGH Last				4. DATE OF DEATH Month JUNE Day 19 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 30, 1882 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Crystle Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Peter Pugh				14. MOTHER'S MAIDEN NAME Lodelia Edington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 498-10-9030		17. INFORMANT Address City Hosp. records 1515 Lafayette			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 491x DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH ?
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 4:05 P.M. a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from 6/14/57 to 6/19/57 and last saw her him alive on 6/19/57 Death occurred at 4:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
22a. SIGNATURE Wm. J. Morrell (Degree or title)				22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 6/20/57.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/25/57		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Normandy Mo.	
24. FUNERAL DIRECTOR Wm. J. Morrell ADDRESS 3710 N. Grand Blvd				25. DATE RECD. BY LOCAL REG. JUN 25 '57		26. REGISTRAR'S SIGNATURE Carl Smith mo	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Elmo R. Sadinsky

Licensed Embalmer No. 4 E

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.